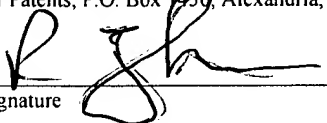




IFW 2163

PATENT
016295.0673

Pursuant to 37 C.F.R. § 1.8, I hereby certify that I have information and a reasonable basis for belief that this paper will be deposited as first-class mail with the United States Postal Service on May 30, 2006 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature 

Date 5-30-06

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Vasudevan et al.

Application No.: 09/934,386

Filed: August 21, 2001

For: System and Method for Data
Replication in a Computer System

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Group No. 2163

Examiner: Alford W. Kindred

RESPONSE TO OFFICE ACTION MAILED DECEMBER 30, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action mailed December 29, 2005, Applicants submit this response and respectfully request reconsideration of the examiner's objections and rejections.

Petition for Extension of Time

Applicants petition for a two-month extension of time under 37 C.F.R. § 1.136 up to and including May 30, 2006. Checks in the amount of \$450.00 and \$200.00 for the fee associated with the extension of time and the additional claims fee are included. Applicants hereby authorize and instruct the U.S. Patent and Trademark Office to charge Deposit Account

06/05/2006 SDENBDB1 00000008 09934386

01 FC:1201
02 FC:1252

200.00 DP
450.00 DP

No. 02-0383 (matter 016295.0673) for any additional charges necessary for the filing of this response.

Fee for Additional Claims

As a result of the amendments below, an additional claim is added to this application. The fee for this claim is calculated below:

| Fee Calculation | | | | | |
|-------------------------------|-------------------------------------|---------------------------------------|-------|-----------|-----------|
| | Claims Remaining After Amendment | Highest No. Previously Paid For | Extra | Rate | Fee |
| Total Claims: | 25 | - 40 = | 0 | x \$50 = | \$ 0.00 |
| Independent Claims: | 4 | - 3 = | 1 | x \$200 = | \$ 200.00 |
| Total Additional Claims Fee = | | | | | \$ 200.00 |